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Bib Data Sheet

CONFIRMATION NO. 7477

SERIAL NUMBER 10/020,044	FILING OR 371(c) DATE 12/13/2001 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 7594-84879
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 03/21/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	G. K. Initials			

ADDRESS

24628

TITLE

PHARMACEUTICAL COMPOSITIONS WITH WOUND HEALING OR ANTI-COMPLEMENTARY ACTIVITY
COMPRISING A DEXTRAN DERIVATIVE

FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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